

Tadcaster Rural District Council

A
REPORT
on the
HEALTH of the DISTRICT
DURING YEAR 1948

by
RONALD G. SMITHSON
Medical Officer of Health
and
ERNEST WITHEFORD
Chief Sanitary Inspector

WETHERBY:

PRINTED BY CROSSLEYS PRINTERS LTD., "NEWS" OFFICE.

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TADCASTER RURAL DISTRICT COUNCIL

CHAIRMAN:

BERTRAM WILSON, ESQ., J.P., C.A., Ivy House, Leeds Road, Tadcaster.

VICE-CHAIRMAN:

S. GILLATT, ESQ., Rose Court, Aberford.

PUBLIC HEALTH COMMITTEE:

Chairman: T. A. SHIPPEN, ESQ.

Vice-Chairman: L. WHEELER, ESQ.

Councillor H. A. Batty.	Councillor T. Hanson.
„ T. S. Clayton.	„ G. W. Hardcastle.
„ Miss A. Cox.	„ A. Haywood.
„ J. C. Cowling.	„ J. E. Houseman, J.P.
„ Mrs. M. B. Gillatt.	„ Major C. E. O'Callaghan.
„ W. J. Simpson.	„ H. P. Riley.
„ F. E. G. Harling.	„ V. P. Richardson.
„ Wm. Tomlinson, J.P.	„ G. R. H. Smith.
„ J. Winfield.	„ J. W. Strothard.
„ Miss V. Young.	

(With power for any Councillor to sit on the Committee and vote when matters affecting the Parish he represents are being considered).

GARFORTH HOSPITAL COMMITTEE:

Chairman: W. PARSONS, ESQ.

Vice-Chairman: C. MARTIN, ESQ.

Councillor C. Boddy.	Councillor Capt. P. C. Thompson, J.P.
„ Miss A. Cox.	„ Wm. Tomlinson, J.P.
„ S. Dewhirst.	„ Col. G. B. H. Wheeler.
„ Mrs. M. B. Gillatt.	„ J. Winfield.
„ G. H. Harrison.	„ Miss V. Young.
„ A. Haywood.	„ M. Lawson-Smith, C.C.
„ J. Purdon.	

PERSONNEL DETAILS

DIVISIONAL HEALTH ORGANISATION

Medical Officer of Health:

Divisional Medical Officer and Divisional School Medical Officer:

RONALD G. SMITHSON, M.D., Ch.B. (Hons.), D.P.H.

Assistant County Medical Officer:

HONORA JOHANNA TWOMEY, M.D., Ch.B. (Hons.), D.P.H.

Part-time Medical Officers at Clinics:

R. N. Crossley, L.M.S.S.A.

Katharine M. Hick, M.R.C.S., L.R.C.P.

W. Murphy, M.B., Ch.B., M.R.C.S., L.R.C.P.

J. A. Young, M.R.C.S., L.R.C.P.

PERSONNEL DETAILS—Continued

Consultants and Specialists Working in Division:

Ear, Nose and Throat:

R. Thomas, B.A., B.M., B.Ch. (Oxon), D.L.O.

Eye:

R. Burns, M.B., B.Ch., B.A.O., N.U.I.

Obstetrical:

C. Rutherford Morison, M.A., M.B., C.Chir., M.R.C.S., L.R.C.P.

Orthopaedic:

D. H. Russell, M.C., M.D., Ch.B., F.R.C.S.

Paediatric:

T. E. D. Beavan, M.B., Ch.B., L.D.S., M.R.C.P., D.C.H. Left
June, 1948.

W. Henderson, M.D., M.B., Ch.B., M.R.C.P., D.C.H. Commenced
July, 1948.

Tuberculosis:

C. A. Koefoed, M.D., Ch.B., Ph.B.

V. Ryan, M.D., N.U.I., M.B., B.Ch., B.A.O., D.P.H.

Dental Officers:

Miss R. Sclere, L.D.S.

G. O. Wood, L.D.S.

D. B. Owen, L.D.S. Commenced 1st September, 1948.

Speech Therapist:

Mrs. Alix S. Snow.

NURSING STAFF:

Health Visitors/School Nurses:

Miss M. W. Dodd, S.R.N., S.C.M., H.V. Cert. Left 23rd February, 1948.

Mrs. M. Marks, S.R.N., S.C.M., H.V. Cert. Commenced 1st March, 1948.
left 28th December, 1948.

Mrs. E. Marsden, S.R.N., S.C.M., H.V. Cert. Commenced 1st Feb., 1948.

Mrs. M. A. Page, S.R.N., S.C.M., H.V. Cert.

Miss E. F. Rutledge, S.R.N., S.C.M., H.V. Cert.

Miss C. Swift, S.R.N., S.C.M., H.V. Cert. Commenced 12th April, 1948.

Home Nurse after 5th July, 1948:

Miss L. Evamy, S.R.N., C.M.B. (Queens).

Whole-time Midwives:

Miss H. C. Howe, C.M.B.

Mrs. A. Kirton, C.M.B. Left 31st March, 1948.

Home Nurses/Midwives after 5th July, 1948:

Miss E. E. Basher, S.R.N., C.M.B. (Queens).

Mrs. E. Bithell, S.E.A.N., C.M.B.

Miss A. Girdlestone, S.E.A.N., C.M.B.

Miss H. M. Glennie, S.R.N., C.M.B.

Miss A. E. Hickes, S.E.A.N., C.M.B.

Miss E. C. Hodgson, S.R.N., C.M.B. (Queens).

Mrs. G. Jeffries, S.E.A.N., C.M.B.

Mrs. E. Linley, S.E.A.N., C.M.B.

Miss M. Murphy, S.E.A.N., C.M.B.

Miss W. E. Payne, S.E.A.N., C.M.B.

Miss E. D. Pickles, S.R.N., C.M.B.

Mrs. M. Precious, S.E.A.N., C.M.B.

Miss M. E. Watson, S.R.N., C.M.B.

PERSONNEL DETAILS—Continued

Dental Attendants:

Miss Allathorne.
Miss Horton.

Physiotherapist:

Miss A. M. Sugden.

Assistant Health Visitor/School Nurse:

Mrs. E. Clark, S.R.N.

Tuberculosis Visitor:

Mrs. A. M. Askam, S.R.N., C.M.B., H.V. Cert. (Queens).

V.D. Social Worker:

Miss E. M. Senior.

Mental Health Social Worker:

Miss E. Buck. Commenced June, 1948.

Ambulance Service:

Section Leader: F. Ward.

CLERICAL STAFF:

Senior Clerk: F. H. Attack.

Miss S. Graham.

Mrs. M. E. M. Humphreys. Commenced 21st June, 1948.

Miss B. A. Jackson. Commenced 30th August, 1948.

Miss D. A. Scruton. Left 31st August, 1948.

Miss M. E. Strothard.

CHIEF SANITARY INSPECTOR'S OFFICE

Chief Sanitary Inspector and Cleansing Superintendent:

ERNEST WITHEFORD, R.S.I. and S.I. Exam. Joint Board.
R.S.I. Meat and Foods Inspector's Cert.

GEOFFREY S. SENNITT, R.S.I. and S.I. Exam. Joint Board.
R.S.I. Meat and Foods Inspector's Cert.

Veterinary Surgeon:

Richard Hayes, M.R.C.V.S. For Meat Inspection at Sherburn Bacon
Factory until 30th June, 1948.

GARFORTH ISOLATION HOSPITAL

(Closed 30th October, 1948)

Medical Superintendent:

Ronald G. Smithson, M.D., Ch.B. (Hons.), D.P.H.

Clinical Medical Officer (part-time):

C. E. Mathieson, M.B., Ch.B.

Matron:

Mrs. M. Whetstone, S.R.N., S.R.F.N.

Wetherby House,
WETHERBY.
19th September, 1949.

To: The Chairman and Members of the

TADCASTER RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

The year 1948 to which this report refers will long be remembered for the number of Social Welfare measures which became effective during the year. I refer especially to the National Health Service Act, the National Assistance Act and the Children's Act; measures which although not directly the responsibility of your Council are of indirect interest in view of your Council's partnership with the County Council in the Scheme of Divisional Health administration.

In the body of the report comment is made on local experience since the appointed day. One aspect of the National Health Act is of particular interest from the preventative side of medical work, namely the fact that financial stringency can no longer be pleaded as the excuse for failure to obtain early medical consultation. Practitioners will now be better enabled to detect disease in its preventible stages and enjoy the greater satisfaction of so doing.

Vital statistics presented herein are satisfactory. Death rate below double figures, infant mortality rate much reduced, and illegitimate children's death rate nil. The one maternal death was unavoidable. The two tables of comparative vital statistics will be read with satisfaction.

As far as the Council's more direct responsibility is concerned, progress was made in housing, water and sewerage schemes. Improved arrangements were made for meat inspection at the Sherburn Bacon Factory. Closure of the Garforth Isolation Hospital soon after it left the Council's control was a step few will regret.

Throughout the year, Mr. Chairman, one has received many kindnesses and much help from yourself and members of the Council, and these are gratefully acknowledged here.

To colleagues in other Departments and to the staff, though small, of the Sanitary Department, one has had to make many requests for help, readily given, and it is in no casual fashion one wishes to pay real acknowledgement.

The Council would wish me to use the pages of your report to thank the staff of the Divisional organisation for its continued wholehearted efforts to apply the benefits of recent Welfare legislation to the inhabitants of your area.

I am, Mr. Chairman,

Your obedient servant,

RONALD G. SMITHSON,
Medical Officer of Health.

TADCASTER RURAL DISTRICT

COMPARABLE VITAL STATISTICS FOR THE YEAR 1948

Based on Registrar General's Figures

	Tadcaster Rural District	Aggregate West Riding Rural Districts	West Riding Admin. County	England & Wales (Provi- sional figures)
BIRTH RATE:				
(Per 1,000 estimated population) ...	16.8	19.2	18.5	17.9
DEATH RATES:				
(All per 1,000 estimated population)				
All Causes	9.4	9.8	11.3	10.8
Zymotic Diseases (7 principal) *	0.08	0.12	0.12	***
Tuberculosis of Respiratory System	0.40	0.36	0.37	0.44
Other Forms of Tuberculosis	—	0.07	0.07	0.07
Respiratory Diseases (excluding tuberculosis of respiratory sys- tem) †	0.71	1.15	1.29	***
Cancer	1.54	1.49	1.74	1.86
Heart and Circulatory Diseases †† ...	3.40	3.03	3.73	***
INFANT MORTALITY:				
(Deaths under one year per 1,000 live births)	28	40	39	34
DIARRHOEA:				
(Deaths in infants under 2 years of age per 1,000 live births)	4.72	4.97	4.38	3.3
MATERNAL MORTALITY:				
(Deaths of mothers in childbirth per 1,000 live and still births).				
Puerperal Sepsis	—	0.13	0.10	0.24
Other Causes	2.34	1.12	1.05	0.78
Total	2.34	1.25	1.15	1.02

*** Figures not available.

* Combined death rate from smallpox (if any), scarlet fever, enteric fever, diphtheria, measles, whooping cough, also diarrhoea in infants under 2 years of age.

† Combined death rate from bronchitis, pneumonia, and other respiratory diseases, excluding tuberculosis of the respiratory system.

†† Combined death rate from heart disease and other diseases of the circulatory system.

PART I. REPORT AS MEDICAL OFFICER OF HEALTH

1. GENERAL STATISTICS

Area in Acres	75,833
Population 1931 Census (Present Area)	22,557
Population Registrar General's Estimate Mid-1948 ...	25,260
No. of inhabited houses	7,279
Rateable Value 31.3.49	£126,636
Product of 1d. rate 31.3.49	£491
District Council General Rate 1948-1949	3/5d.
County Council General Rate 1948-1949	11/1d.

2. EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

	M.	F.	Total
Live Births: Legitimate	200	201	401
Illegitimate	7	16	23
Totals	<u>207</u>	<u>217</u>	<u>424</u>

Birth Rate per thousand population 16.8

Stillbirths 3. Rate per thousand total births 7.01

Illegitimate live births represent 5.4% of total births.

Total Deaths from all causes 237.

Rate per thousand population 9.4

No. of women dying in or in consequence of child birth was 1

Deaths of Infants under one year:—

All infants per 1,000 live births 28

Legitimate infants per 1,000 legitimate live births (12) 30

Deaths from Cancer (all ages) 39

Deaths from Pulmonary Tuberculosis (all ages) ... 10

Deaths from Non-Pulmonary Tuberculosis (all ages) 0

Deaths from Measles (all ages) 0

Deaths from Whooping Cough 0

Deaths from Diarrhoea (under 2 years) 2

COMPARABLE VITAL STATISTICS FOR THE TADCASTER RURAL DISTRICT

From 1938 to Date

Year (i)	Estimated Population at Mid-year (ii)	Natural Variation		Live Births		Deaths			Infant Mortality Rate (per 1,000 live births) (x)
		Increase — (iii)	Decrease (iv)	Total (v)	Rate per 1,000 Population (vi)	Total (vii)	Rate per 1,000 Population (viii)	Under One Year (ix)	
1938	31,840	138	—	481	15.10	343	10.77	22	45.70
1939	25,798	53	—	359	13.90	306	11.86	27	75.20
1940	23,510	46	—	343	14.50	297	12.63	18	52.40
1941	24,040	56	—	347	14.40	291	12.10	10	26.50
1942	23,650	188	—	438	14.20	250	10.50	18	53.20
1943	23,530	107	—	391	16.60	284	12.00	12	30.60
1944	22,610	158	—	432	19.10	274	12.10	20	46.10
1945	22,510	160	—	455	20.20	295	13.10	23	50.50
1946	24,060	150	—	455	18.90	305	12.70	16	35.00
1947	24,550	206	—	488	19.90	282	11.50	21	43.00
1948	25,260	187	—	424	16.78	237	9.38	12	28.00

CAUSES OF CIVILIAN DEATHS

REGISTRAR GENERAL'S ABRIDGED LIST OF CAUSES OF DEATHS IN THE DISTRICT DURING 1948

Cause		Number		
		Male	Female	Total
1.	Typhoid and Paratyphoid Fevers	—	—	—
2.	Cerebro-spinal Fever	—	—	—
3.	Scarlet Fever	—	—	—
4.	Whooping Cough	—	—	—
5.	Diphtheria	—	—	—
6.	Tuberculosis (respiratory)	5	5	10
7.	Tuberculosis (other forms)	—	—	—
8.	Syphilitic Diseases	—	1	1
9.	Influenza	—	1	1
10.	Measles	—	—	—
11.	Acute Poliomyelitis and Polioencephalitis	—	—	—
12.	Acute Infectious Encephalitis	—	—	—
13.	Cancer:			
	Buccal Cavity and Oesophagus	2	—	2
	Uterus	—	2	2
14.	Cancer (stomach and duodenum)	5	4	9
15.	Cancer (breast)	—	2	2
16.	Cancer of all other sites	11	13	24
17.	Diabetes	—	1	1
18.	Intra-cranial Vascular Lesions	13	15	28
19.	Heart Disease	40	37	77
20.	Other Circulatory Diseases	3	6	9
21.	Bronchitis	8	1	9
22.	Pneumonia	2	6	8
23.	Other Respiratory Diseases	—	1	1
24.	Ulcer of Stomach and Duodenum	3	1	4
25.	Diarrhoea (under 2 years)	1	1	2
26.	Appendicitis	—	—	—
27.	Other Digestive Diseases	2	1	3
28.	Nephritis	2	3	5
29.	Puerperal and Post-abortive Sepsis	—	—	—
30.	Other Maternal Causes	—	1	1
31.	Premature Birth	2	1	3
32.	Congenital Malformation, Birth Injury, Infantile Diseases	4	2	6
33.	Suicides	2	—	2
34.	Road Traffic Accidents	1	1	2
35.	Other Violent Causes	5	2	7
36.	All Other Causes	12	6	18
Total:		123	114	237

From the Registrar General's list of causes of death in the District during 1948, it will be seen that the most frequent causes of death, the number of deaths so registered, and the corresponding death rates per thousand population were:—

Heart Disease	77	equivalent to a death rate of 3.05			
Cancer	39	„	„	„	1.54
Intra Cranial Vascular Lesions	28	„	„	„	1.11
Tuberculosis—Respiratory	10	„	„	„	0.40
Other circulatory diseases	9	„	„	„	0.35
Bronchitis	9	„	„	„	0.35
Pneumonia	8	„	„	„	0.31

These figures do not differ greatly from the corresponding statistics for year 1947.

SANITARY CIRCUMSTANCES OF THE AREA

The Chief Sanitary Inspector reports in greater detail later in this report.

Slow steady progress on new housing continued during the year, but it can not yet be claimed that new houses completed meet the needs of persons inadequately housed. Replacement rehousing will have to a large extent to take place when the present programme has made more progress.

Water supplies are required in several parts of the area, and one looks forward to implementation of the decisions of the Working Party at not too distant a date. Much of the difficulty in a substantial part of the area is likely to resolve after construction of the Hook Moor scheme.

By far the best step forward in the sewerage problem of the Council's area was the bringing to enquiry of the Bishopthorpe-Copmanthorpe scheme.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

The following cases of Infectious Disease were notified during the year:—

Disease	Total	Deaths
Scarlet Fever	68	—
Whooping Cough	80	—
Puerperal Pyrexia	1	—
Measles	151	—
Acute Pneumonia	6	8
Erysipelas	5	—

COMMENTS

(1) Automatic admission of cases of Scarlet Fever to hospital on notification ceased during the year. Practitioners now seek admission when either housing accommodation does not allow nursing at home, or when special circumstances make it necessary to do so.

(2) The continued presence of whooping cough with its attendant distress for patient and his friends, apart altogether from its danger to life and future physical well-being, makes the advent of reliable prophylaxis a much desired event.

(3) An epidemic of measles starting in 1947 ran its course during the earlier part of 1948. No deaths occurred, but one cannot believe sequelae were absent. How frustrating to watch the edge of an epidemic wave spreading over the area, ignorant of means to stem the tide.

(4) Responsibility for notification of acute primary Pneumonia is not fully accepted as shown by the divergence of figures for notifications and deaths given above.

TUBERCULOSIS

The following figures show the state of the register at 31.12.48:—

Pulmonary		Non-Pulmonary		Total
M.	F.	M.	F.	
45	36	21	22	124

Analysis of new notifications and deaths from Tuberculosis during year.

Civilian Tuberculosis

Age	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
0—	0	0	0	0
1—	0	0	0	0
5—	0	1	0	0
15—	1	0	1	0
25—	0	0	2	0
35—	2	0	0	0
45—	3	0	4	0
55—	1	0	2	0
65 over	0	0	1	0

Service Cases

Nil.

DIPHTHERIA IMMUNISATION

Reproduced herewith is a Table showing the number of children in age groups immunised in each half year since 1943:—

Year	Age Groups										Refresher Doses					
	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16
1943	10	131	203	207	230	244	226	232	195	185	174	160	159	124	53	26
1944	47	45	13	11	12	6	5	4	9	4	3	13	6	4	2	
1st	Nil	39	17	9	11	60	51	66	46	48	33	47	49	49	4	
2nd																
1945	4	52	13	12	7	11	4	3								
1st	17	100	31	11	7	5	12	5	8	2	1					
2nd																
1946	6	75	26	19	11	17	14	4	9	11	6	2	4	5		
1st	1	51	20	8	5	6	3	1	5	1	2	1				
2nd																
1947	9	38	8	2	Nil	Nil	1	2	1	3	2	Nil	1			
1st	2	76	5	1	1	1	1		1				1			3
2nd																
1948	4	67	37	7	1	8	4	4	2	2	5	3	4			2
1st	14	133	25	22	15	22	12	12	10	13	17	7	7	14	9	4
2nd																808

This Table only includes children for whom a diphtheria immunisation record can be produced. On the basis of the Registrar General's estimate that there are 2,229 children under 5 years of age and 3,417 between 5-14 years of age, the percentage of children immunised under 5 years of age is 39 per cent., and between 5-14 years of age 81 per cent.

GARFORTH ISOLATION HOSPITAL

Patients admitted into the Isolation Hospital from 1.1.48 to closure, 30th October, 1948:—

From	Scarlet Fever	Tonsilitis
Tadcaster Rural District	30	0
Garforth Urban District	21	3
	—	—
	51	3
	—	—

The Council was relieved of responsibility for the administration of the Isolation Hospital on the 4th July, 1948, when control passed to the Leeds Regional Hospital Board. As an interim measure the Council was asked and agreed to become agents for the Board until 31st March, 1949.

After due consideration the Regional Board decided to cease admission of patients on the 30th October, 1948. This date coincided with the retirement of Mrs. Whetstone, your Matron for many years, and the dispersal of the small remaining staff to other spheres of work.

PART II. REPORT AS DIVISIONAL MEDICAL OFFICER

For the complete information of members of each Council in Division No. 9 it is considered appropriate to incorporate a full account of the Divisional Medical Officer's work in the Council's Report.

Education Act, 1944.

Arrangements for School Medical Inspections throughout the area resulted in 1,747 children being examined in routine age groups. 72 children as special cases referred by the Head Teacher, and 1,320 as re-inspection of defects found at previous School Medical Inspections. Of the 1,819 children examined, routine and as special cases, 251 were found to have defects requiring treatment. At the end of the year, 1,098 items of defect remained for re-inspection at future examinations.

Of the 1,747 children examined routine 10% were regarded as below average nutrition.

At school cleanliness examinations carried out by the Nurses, it was found that 155 children out of 3,813 examined had signs of infestation with head lice, but using modern methods of cleansing it was not necessary to exclude any children from school under formal notice.

Minor ailment clinic facilities for school children continue to be provided in Wetherby, Tadcaster and Swillington. These clinics are by no means as popular as similar ones in more urban areas, and as a result only 209 cases received attention there during the year.

It is gratifying to be able to report an expansion of work at the **Consultative Clinics** held for the most part at the Multiple Clinic, Tadcaster:—

At the Eye Clinic, which is held at Wetherby and Tadcaster twice each month, 287 cases were seen during the year. Glasses were ordered in 196 cases, and up to the 5th July, 90 pairs of glasses had been obtained. It is unfortunate spectacles provided for school children are not returned through this office since 5th July last, and in consequence one cannot estimate the percentage of cases in which glasses ordered are actually obtained.

The Ear, Nose and Throat Clinic had 107 cases for the following troubles:—

Tonsils and Adenoids	...	...	...	...	...	97
Ear	...	...	...	...	...	10

These cases made 130 attendances, and arrangements were made with appropriate hospitals and operations were carried out in 29 cases. Division 9 is fortunate in not having any undue delay in operative treatment for Ear, Nose and Throat cases.

We were sorry to lose the services of Dr. Beavan at the Paediatric Clinic during the year, and we welcome Dr. Henderson in his stead. 29 cases made 32 attendances, and it is felt the value of this clinic far exceeds the statistical information presented.

At the Orthopaedic Clinic, Dr. Russell continued his very long service at the Tadcaster Clinic, and saw 109 children on 8 occasions. The treatment session for Orthopaedic cases and remedial exercises, including breathing exercises, was held on 38 occasions, and it is reported that 264 cases made 1,148 attendances. Miss Sugden reports she also paid 86 visits to children in their own homes.

A Speech Therapist, Mrs. Snow, started work part-time in Division 9 in June, 1948, and it has been noteworthy that cases presented to her have increased rapidly since that time.

The Tuberculosis Officer continues to make regular attendances at the Tadcaster Clinic as indicated on the 1947 Report, although he has since the 5th July, 1948, worked under the auspices of the Regional Hospital Board instead of the West Riding County Council. Attendance at this clinic is not restricted to school children.

National Health Service Act, 1946

As was indicated in the last Annual Report, it is the duty of the Divisional Medical Officer to conduct day by day administration on behalf of the County Medical Officer of Health. Following a policy of gradual decentralisation of sections of the County Medical Officer's work to the Divisions, 1948 saw a gradual growth in the responsibility passed to the periphery. In my view, in the light of experience, the formation of Divisional Health Committees by combined representation from the County Council and the two Rural District Councils is very necessary, if constructive local interest in the Divisional Health Scheme is to be fostered.

Section 21. Health Centres

Although much of the Division does not lend itself to establishment of Health Centres, a request from practitioners in Tadcaster for the provision of accommodation in conjunction with the Local Authority's clinic there, was received and encouraged. As a result, it is understood the Executive Council has made an official request to the County Council for an experimental Health Centre to be established in Tadcaster.

Sections 22 and 24. Care of Mothers and Young Children, and Health Visiting

Primarily dependent on the Health Visiting staff, arrangements have been continued along the lines set out in the 1947 Report. Some improvement in the staffing position took place during the year, but further augmentation is required to implement the establishment suggested for this area.

Minor changes had to be made in the Clinics, as a result of which we moved from the Rectory at Barwick to the Methodist Schoolroom. The clinic formerly held at South Milford was transferred to new premises in the Methodist Schoolroom at Sherburn, and arrangements were made for provision of a clinic in the Methodist Schoolroom at Tockwith in January, 1949.

We were glad to welcome Mr. Owen to the Division as a Dental Officer, working mainly in the Wetherby area, and his advent has enabled us to give greater attention to expectant and nursing mothers, and children under five. Better facilities for the practice of Orthodontics in the Division are now provided for by the part-time services of Miss Sclere.

Sections 22 and 25. Midwifery and Home Nursing

Before the 5th July, most of the Division looked to the staff of numerous Nursing Associations for the conduct of domiciliary midwifery in the area. The same staff was entirely responsible for District Nursing in those parts of the Division where such a service had been introduced by voluntary endeavour.

On the 5th July, 1948, the Local Health Authority became responsible for Home Nursing throughout the County, and it was agreed at a County level that the County Council should directly employ the staff concerned.

This transfer involved purchase of living accommodation, transport and equipment, and much detailed negotiation was conducted, in the main, from County Hall.

At a Divisional level we had pleasure in welcoming the former members of the staffs of District Nursing Associations into the Divisional Scheme, and it is good to know that the team spirit is becoming more and more pronounced.

Originally the intention was to divide the duties of Midwifery and Home Nursing, but in the light of experience, such a course has not yet been considered desirable.

Section 26. Vaccination and Immunisation

Prior to the 5th July, 1948, immunisation in the area was done by General Practitioners either on payment of a private fee or by reimbursement by the County Council, as well as by whole-time officers of the County Council. Similar arrangements continued during the rest of the year, and in fact, a special drive from the Divisional Health Office helped to produce the favourable figures given in the table elsewhere in the Report.

Vaccination was carried out entirely by General Practitioners who were remunerated privately except when holding an official appointment as Vaccination Medical Officer. Since the 5th July, any General Practitioner can carry out vaccination.

It had been assumed from Section 26 of the Act the Local Health Authority would pay General Practitioners for immunising and vaccinating, and one regrets the delay in such fees being negotiated, if for no other reason than that the integrity of the Medical Officer in this matter might come to be doubted by his General Practitioner colleagues.

Statistical records of immunisation carried out in 1948 are given in the table previously mentioned.

The total number of vaccinations reported from the 5th July, 1948, to 31st December, 1948, was 112, of which number 89 were primary and 23 secondary vaccinations.

Section 27. Ambulance Service

Details of the ambulance service available in the Division were given in the 1947 report, and the arrangements continued in 1948 along the same pattern.

This service has been under a great strain due to increased calls, but the words of commendation received at intervals suggest the service is fulfilling its function.

At the request of both Rural District Councils in the Division, arrangements were made to publish notices in each Parish on how the services of an ambulance are to be obtained.

Section 28 and 51. Prevention of Illness, Care and After Care

It has been found since the 5th July, 1948, increasing numbers of requests for assistance by practitioners and hospitals has extended the duties of the Health Visiting staff.

The part-time appointment of Miss Buck, the Mental Health Social Worker in the Division has been of great value to the Department, and we believe to the patients and their friends.

Section 29. Domestic Help

One of the first surprising re-actions to the introduction of the National Health Service Act was the number of requests for payment for services rendered by relatives of persons who were sick. Such requests have invariably been declined, but the attitude displayed has made it necessary to investigate each case in great detail to prevent abuse.

At the same time, as a result of other factors, many cases of real hardship caused by temporary or chronic illness, have been brought to light. It is substantially correct to say that all such cases have been given assistance, but the amount of time which it has been necessary to spend to obtain the services of persons to act as Home Helps, together with the various safeguards which of necessity have had to be imposed by the County Council, continues to make great inroads into the time of the Department.

In an area such as this the ideal must be to have at least one woman prepared to give service from time to time as required in each Parish, and the assistance of anyone willing to help to reach this position will be much appreciated.

The Divisional Medical Officer will be pleased to outline details of the scheme at any time, on request.

National Assistance Act, 1948

It is the intention of the County Council that staff administering the National Assistance Act and the National Health Service Act shall be accommodated under the same roof. It is believed Division 9 is one of the few areas where the Divisional

Medical Officer and the District Welfare Officer work in the same building, and one must report on the very happy position which has been brought about as a result of this arrangement.

Not only is my colleague, Mr. Herrington, responsible for administering the National Assistance Act, but he is also the duly authorised Officer for Mental Health purposes, and many have been the occasions on which our close proximity has been of mutual assistance and I believe, of greater service to the community.

Children's Act, 1948

Similarly the presence of Miss Barry, who is now responsible in this area for Adopted and Boarded Out Children, is also mutually advantageous. Whatever might be the arguments against separation of the responsibility for the care of children from the overall responsibility of the old style Welfare/Medical Officer, it is fortunately still appreciated in field work that Nursing and Medical staff have got a contribution to make to the welfare of children in all groups. Close working proximity does much to overcome the difficulties intrinsic in the present legal position.

TADCASTER RURAL DISTRICT COUNCIL

ANNUAL REPORT of the **CHIEF SANITARY INSPECTOR** **For the Year 1948**

Council Offices,
TADCASTER.

To the Rural District Council of Tadcaster,

Mr. Chairman, Ladies and Gentlemen,

For your information I submit the Annual Report on the work of the Sanitary Department for the year ending 31st December, 1948.

The Tadcaster Rural District, which is the fourth largest Rural District in the Administrative County of the West Riding of Yorkshire, is situate in lower Wharfedale, and is bounded on the east side by the river Ouse and by the river Aire on the western side. The District has contiguous boundaries with the cities of York and Leeds, and no geographical changes took place during the year.

The district is predominantly agricultural in character, but there is an extensive Brewing Industry in the town of Tadcaster, and a substantial portion of the western side of the district is engaged in the mining of Coal. Other industries are mainly the manufacture of Weighing Machines and motor 'bus and coach bodies, and also there is considerable railway siding and junction activity.

Details of the work of the Department will be found in the appended report.

I desire to express my appreciation of the assistance given by the Chairman, Members and Officials of your Council.

I am, Ladies and Gentlemen,

Your obedient Servant,

ERNEST WITHEFORD,

Chief Sanitary Inspector.

TABLE I

	area acres	census 1931	no. of dwell.	R.V.	pipcd water	refuse coll.	sewage disposal
Aberford	1580	600	202	2437	162	Yes	Yes
Acaster Malbis	1874	271	64	1168	25	Yes	No
Acaster Selby	1542	83	19	466	—	No	No
Appleton Roebuck	2914	413	126	1273	93	Yes	Yes
Askham Bryan	2470	320	103	3345	100	Yes	Yes
Askham Richard	932	181	41	810	30	Yes	Yes
Ansthorpe	621	59	60	5295	52	Yes	Yes
Barkston Ash	1168	236	69	776	62	Yes	Yes
Barwick-in-Elmet	6768	2251	942	16349	900	Yes	Yes
Biggin	718	132	32	258	8	No	No
Bilbrough	1447	212	50	1096	40	Yes	Yes
Bishopthorpe	705	779	367	6127	364	Yes	Yes
Bolton Percy	2334	256	71	1118	65	Yes	No
Catterton	742	41	8	109	—	No	No
Colton	1208	114	35	497	21	Yes	Yes
Copmanthorpe	1658	501	226	2377	219	Yes	Yes
East Tadcaster	578	1370	561	7001	561	Yes	Yes
Great and Little Preston ...	1039	1197	352	3440	352	Yes	Yes
Grimston	838	90	16	500	7	Yes	No
Healaugh	2771	216	58	1066	40	Yes	No
Huddleston-with-Newthorpe	511	139	30	511	8	No	No
Kirk Fenton	1977	596	193	2370	176	Yes	Yes
Kirkby Wharfe	1239	130	34	452	25	Yes	No
Lead	1057	48	9	94	1	No	No
Little Fenton	781	69	21	210	—	No	No
Ledsham	1971	301	74	1510	58	Yes	No
Ledston	1985	488	110	2051	98	Yes	Yes
Lotherton-cum-Aberford ...	1093	437	95	1491	89	Yes	Yes
Micklefield	1777	1905	484	5185	481	Yes	Yes
Newton Kyme	1326	205	51	1326	20	Part	No
Oxton	660	41	12	436	10	Yes	No
Parlington	1773	162	53	532	33	Yes	Yes
Ryther-cum-Ozendyke ...	2707	271	65	730	31	Yes	No
Saxton-cum-Scarthingwell ...	2720	267	90	1089	66	Yes	Yes
Sherburn-in-Elmet	4895	1876	673	14208	647	Yes	Yes
South Milford	3100	1265	346	4162	255	Yes	Yes
Steeton	1142	57	12	285	10	No	No
Sturton Grange	877	61	8	248	4	No	No
Stutton-cum-Hazlewood ...	2795	432	112	1398	69	Yes	No
Swillington	2580	1622	550	8426	540	Yes	No
Towton	837	86	20	224	20	Yes	No
Ulleskelf	1322	342	121	7993	104	Yes	Yes
West Tadcaster	1500	2317	711	16932	703	Yes	Yes
	75754	22557	7381	127919	61554		

HOUSING PROGRESS—1948

The year 1948 was one of improved progress as compared with 1947. During the year 19 licences were issued for new houses to be built by Private Enterprise. It is estimated that the total number of Applicants on the Council's list for the tenancy of Council houses was 1,350.

The following table shows the houses completed and under construction during the year.

	New Houses Completed		New Houses Under Construction		Conversions completed
	T.R. D.C.	Private	T.R. D.C.	Private	
Barkston Ash	0	0	10	0	0
Barwick-in-Elmet	0	2	0	3	0
Biggin	2	0	0	0	0
Bishopthorpe	0	2	16	0	0
Bolton Percy	0	0	2	2	0
Colton	0	1	6	0	0
East Tadcaster	19	9	0	0	0
Kirk Fenton	0	1	0	0	0
Micklefield	20	0	4	0	0
Saxton cum					
Scarthingwell	16	0	0	0	0
Sherburn-in-Elmet	38	4	48	0	2
Stutton cum					
Hazlewood	0	0	0	3	0
Swillington	50	0	0	0	0
Ulleskelf	24	0	0	0	0
Totals	169	19	90	8	2

New Dwellings provided 190

New Dwellings under construction 98

DRAINAGE, SEWERAGE AND SEWAGE DISPOSAL

The following Parishes are provided with sewerage disposal facilities:—

*Aberford, Appleton Roebuck, *Askham Bryan, Austhorpe, Barkston, Barwick, Bishopthorpe, Colton, *Copmanthorpe, East Tadcaster, Great and Little Preston, *Kirk Fenton, Ledston, *Lotherton, *Micklefield, Parlington, Saxton, *Sherburn, South Milford, *Swillington, West Tadcaster.

*Modern Disposal Works.

In many of the Parishes the facilities are entirely inadequate and consist of tank treatment only.

The Council's Consulting Engineer has prepared combined schemes of sewerage and sewage disposal for Appleton Roebuck, Bolton Percy and Ulleskelf—one scheme, Bishopthorpe, Copmanthorpe and Acaster Malbis—one scheme, and Barkston, Saxton and Church Fenton—one scheme. These schemes were submitted to the Ministry of Health for approval and a Public Inquiry was held in respect of the Bishopthorpe and Copmanthorpe scheme.

It is your Council's wish that other Parishes where the works are considered to be inadequate should be provided with modern sewerage and sewage disposal facilities when the time is opportune.

PRIVY CONVERSIONS

It has been the Council's policy to encourage owners to carry out the conversion of privies and pail closets into water closets by the offering of a grant of £4 15s. 0d. for each conversion. In certain cases Statutory Notices were served by the Council and half the cost of the work incurred will be borne by the Council.

31 Conversions were carried out during the year, as follows:—

Barwick	...	...	...	...	...	4
Colton	...	...	...	...	...	2
East Tadcaster	...	...	...	...	...	7
Parlington	...	...	...	...	...	2
Swillington	...	...	...	...	...	15
West Tadcaster	...	...	...	...	...	1

In addition to these conversions, 10 new water closets were built, and 10 existing water closets were re-built at Swillington.

WATER SUPPLY

LEEDS CORPORATION

Upland Surface Water

This water is purchased in bulk from the Leeds Corporation and distributed to the following Parishes:—

Aberford, Austhorpe, Barkston Ash, Barwick-in-Elmet, Great and Little Preston, Kirk Fenton, Lead, Ledston (Ledston Luek), Lotherton, Micklefield, Parlington, Saxton, Sherburn-in-Elmet, South Milford, Sturton Grange and Swillington.

This water is very soft and extremely suited to domestic use. 2 samples of water were submitted to the Laboratory for examination for plumbo-solvency, but were found to be negative.

TADCASTER PUBLIC SUPPLY

This water is obtained from a deep borehole and a deep well at Bilbrough and distributed to the following Parishes:—

Bilbrough, East Tadcaster, Grimston, Healaugh (Tadcaster side), Kirkby Wharfe, Newton Kyme, Oxtun, Ryther, Steeton, Stutton, Towton, Ulleskelf and West Tadcaster.

This water in its raw state is rather hard (20°), but is treated by a softening plant to give a figure of hardness of 8/10°. 6 samples were submitted to the Public Health Laboratory at Wakefield for bacteriological examination during the year, and all proved satisfactory, also 2 chemical samples submitted to the Public Analyst proved satisfactory.

In addition to softening treatment, this water supply is chlorinated.

YORK SUPPLY

River Water

This supply is purchased in bulk from the York Waterworks Company and distributed to the following Parishes:—

Appleton Roebuck, Askham Bryan, Bolton Percy, Colton, Copmanthorpe and Acaster Malbis, Bishopthorpe is supplied direct.

It should be noted however that the Parishes of Appleton Roebuck, Askham Bryan, Bolton Percy, Colton and Copmanthorpe can, and are, being supplied from the Council's supply at Bilbrough.

In addition to these public supplies, 28 houses at Newton in the Parish of Ledsham are supplied with water from Pontefract, and 4 agricultural cottages at Healaugh are served by a small borehole sunk by the Council in 1943 as the village supply was not considered adequate. 3 samples were taken from this borehole and submitted to the Public Health Laboratory for bacteriological examination and were reported as satisfactory.

There is also a 9in. main laid by the Air Ministry from the Selby U.D.C. supply at Brayton Barff, which was laid during the war to augment the supply of water to Church Fenton Aerodrome. This 9in. main is divided into two 6in. mains one to supply Church Fenton Aerodrome and the other to supply the lower portion of Sherburn, and the Council are permitted to have connections made to various properties (farms and houses) on the line of the main, and a small number of properties in Sherburn, Biggin and Church Fenton Parishes are now connected to it.

PRIVATE SUPPLIES

Askham Richard

This village is supplied with water from a borehole to the eastern side of the village. During the year 7 samples for bacteriological examination were submitted to the Public Health Laboratory at Wakefield and were reported as satisfactory.

Healaugh

This village is supplied by water from a borehole on the north western side of the village. 6 samples were taken from this supply and submitted to the Public Health Laboratory, and 3 samples were reported as being satisfactory and 3 as being unsatisfactory.

Ledston

This village is supplied with water derived from springs in the magnesian limestone to the north of the village. 5 samples were submitted to the Public Health Laboratory for bacteriological examination, 3 being reported as satisfactory, and 2 as unsatisfactory.

There is also a private supply to a number of houses owned by the L.N.E.R. at Gascoigne Wood, and Milford Junction, South Milford. This supply has also been shown to be satisfactory in quality when samples have been taken.

PARISHES AND VILLAGES WHERE NO PIPED SUPPLY OF WATER IS AVAILABLE

There are still a few portions of the District requiring mains water, these are:—

Acaster Selby, Catterton, Little Fenton, Newton Kyme, the village of Lumby, the village of Newthorpe and the lower portion of Lumby Lane, South Milford.

The question of piped supplies of water to these received the Council's serious consideration and schemes were prepared for Little Fenton, Acaster Selby, Temple Lane Copmanthorpe, Lumby, Catterton and Healaugh and the outlying farms and houses in the Parish of Ryther.

A major scheme for an improved supply at Micklefield and Sherburn and also to supply the village of Newthorpe and the Peckfield area was prepared and submitted to the Ministry of Health for approval.

It should be noted that the private supplies in the villages of Askham Richard, Healaugh, Ledsham and Ledston are considered not to be sufficient to meet the needs of these villages for the water carriage system of sewage disposal, and the supply will have to be considerably improved before privy conversions can be carried out.

NEW SCHEMES

A Scheme to supply Acaster Malbis with mains water was completed in 1948, and a connection to the York Waterworks Coy.'s mains at Bishopthorpe was made. 27 houses were connected to this supply during the year.

A scheme was also completed to lay new mains in the Swillington (Astley Lane) District for an improved supply of water.

This has resulted in a much improved supply for this part of the District.

REFUSE COLLECTION AND SALVAGE

ORGANISATION

The refuse collection service now extends to 33 of the Parishes in the Area, representing approximately 98% of the total houses. The Parishes still without a service are:—

Acaster Selby, Biggin, Catterton, Huddleston, Lead, Little Fenton, Newton Kyme, Oton, Steeton and Sturton Grange.

and it is the Council's wish that as soon as the time is opportune the service should be extended to cover the whole of the District.

At present the following Parishes are covered by the Scheme of Direct Labour:—

Acaster Malbis, Appleton Roebuck, Askham Bryan, Askham Richard, Barkston, Barwick-in-Elmet, Bilbrough, Bishopthorpe, Bolton Percy, Colton, Copmanthorpe, East Tadeaster, Grimston, Healaugh, Kirk Fenton, Kirkby Wharfe, Micklefield, Ryther, Saxton, Stutton, Towton, Ulleskelf and West Tadeaster.

The following Parishes are covered by the Contract system:—

Aberford, Austhorpe, Great and Little Preston, Ledsham, Ledston, Lotherton, Parlington, Sherburn, South Milford and Swillington.

In addition to the above the bi-weekly collection of refuse is carried out at the Church Fenton R.A.F. Station, and the removal of refuse from the Squatter's camp at Sturton Grange is carried out by arrangement with the Garforth U.D.C.

COLLECTION PERIOD

The Period of collection varies according to the type of District and is from 7/14 days for dustbins. In those parts of the District where coal mining is carried out, and the miners receive home coal the bins are emptied once each week.

Pail closets are emptied weekly wherever possible, and ash pits from 4 to 8 weeks, depending on the location and size.

TRANSPORT

The Council own 4 vehicles which are engaged on refuse collection, viz., 2 Karrier Bantams—7 cu. yds. 1 'Dennis'—10 cu. yds. and 1 Scammell—6 cu. yds.

LABOUR

The Council have been able to maintain a sufficient labour force for this work, although there have been difficulties at times. Your Council have adopted in full the wages and service conditions of the Joint Industrial Council.

REFUSE DISPOSAL

The disposal of refuse is carried out by tipping at various tips throughout the area, and situate as follows:—

Aberford, Askham Bryan, Barwick-in-Elmet, East Tadcaster, Great Preston, Micklefield, Sherburn, South Milford, Swillington and Towton.

Wherever possible, night soil is disposed of by tipping on to agricultural land for use by Farmers.

The refuse tips are in a generally fair condition.

SALVAGE OF WASTE MATERIALS

The collection and disposal of waste materials as salvage was continued throughout the year, but at a reduced tempo.

In all 50 tons 9 cwts. 2 qrs. of waste paper were collected and sold, and which realised the sum of £343 6s. 11d.

RURAL HOUSING SURVEY

The Rural Housing Survey was continued during 1943, but at a reduced tempo. The following table shows the position at the end of the year.

	Categories			Totals
	1 and 2	3	5	
Aberford	90	47	65	202
Acaster Malbis	42	15	7	64
Acaster Selby	14	4	1	19
Appleton Roebuck	109	16	1	126
Askham Bryan	72	21	15	108
Askham Richard	25	15	1	41
Austhorpe	44	10	6	60
Barkston Ash	47	1	21	69
Barwick-in-Elmet	783	128	31	942
Biggin	21	4	7	32
Bilbrough	33	10	7	50
Bishophthorpe	316	37	14	367
Bolton Percy	55	13	3	71
Catterton	5	3	—	8
Colton	26	4	5	35
Copmanthorpe	198	14	14	226
East Tadcaster	364	138	59	561
Great and Little Preston	119	38	195	352
Grimston	7	9	—	16
Healaugh	34	18	6	58
Huddleston-with-Newthorpe	22	7	1	30
Kirk Fenton	139	36	18	193
Kirkby Wharfe	30	3	1	34
Lead	4	5	—	9
Little Fenton	18	3	—	21
Ledsham	20	41	13	74
Ledston	34	68	8	110
Lotherton-cum-Aberford	37	41	17	95
Micklefield	—	—	—	—
Newton Kyme	40	11	—	51
Oxton	6	6	—	12
Parlington	26	27	—	53
Ryther-cum-Ozendyke	43	14	8	65
Saxton-cum-Scarthingwell	57	17	16	90
Sherburn-in-Elmet	—	—	—	—
South Milford	190	145	11	346
Steeton	10	2	—	12
Sturton Grange	3	5	—	8
Stutton-cum-Hazlewood	36	53	23	112
Swillington	—	—	—	—
Towton	9	8	3	20
Ulseskelf	99	9	13	121
West Tadcaster	—	—	—	—
	<hr/> 3227	<hr/> 1046	<hr/> 590	<hr/> 4863

Categories 1 and 2 include houses which are fit in all respects or have minor defects only.

Category 3 includes houses which should be reconditioned at some future date.

Category 5 includes houses which should be considered for demolition at some future date.

FOOD ADMINISTRATION

During the year 62 visits were made to inspect various unsound foods and the following were found to be unfit for human consumption:—

- 174 lbs. of Beef.
- 1 Beast's Head and Liver.
- 9 lbs. Ox Liver.
- 5 lbs. of Ham.
- 40 Cheeses.
- 12 lbs. of Figs.
- 12 lbs. of Dried Apricots.
- 146 Tins of Miscellaneous Foods.

34 Notifications of Emergency Slaughter were received and the carcasses and organs of 32 Pigs, 1 Cow and 1 Sheep were inspected. Three pigs carcasses and organs were condemned as being unfit for food.

As the Restriction of Slaughter of Live Stock Order is still in force it has not been necessary to carry out the routine inspection of Meat in Private Slaughterhouses.

SHERBURN BACON FACTORY

On July 1st, 1948, the inspection of pig carcasses at the Bacon Factory was taken over by your Sanitary Inspectors in accordance with the Council's instructions. Previously this work had been carried out by Major R. Hayes, Veterinary Surgeon, on behalf of the Council.

The following is a summary of the work carried out in the last six months, together with the amount of meat condemned:—

Total No. of Pigs inspected—31,759.

Condemned— 136 Whole Carcasses.

176 Part Carcasses.

2,751 Heads.

1,417 Guts.

1,269 Plucks.

139 Visits were made to the Bacon Factory during this period.

MILK PRODUCTION

At the end of the year there were 222 Milk Producers and 9 Retail Milk Sellers on the register. 232 Inspections were made of the Cowsheds and Dairies during the year. The general standard of cleanliness, etc., of the premises was good.

There were 7 Licenced Producers of "Tuberculin Tested" and 22 Licenced Producers of "Accredited" Milk in the district at the end of the year. The Milk (Special Designations) Orders are administered by the West Riding County Council.

ICE CREAM

There were 6 premises registered for the manufacture of Ice Cream at the end of the year, and 25 visits were made to inspect these premises. Three samples were taken for bacteriological examination, two being satisfactory and one unsatisfactory.

GENERAL SANITATION

ABATEMENT OF NUISANCES

During the year 157 Statutory and 131 Informal Notices were served requiring the abatement of Nuisances. Altogether 238 Nuisances were abated, these being chiefly—roof repairs; the remedying of dampness; repairs to floors; repairs to windows; repairs to closets and blocked drains, etc.

In the Parish of Micklefield 111 Dust Bins were provided so as to abolish the use of dry ashpits as refuse receptacles.

DISINFECTION, ETC.

During the year 65 Houses were disinfected following cases of Infectious Disease, and 32 Houses were disinfested for vermin.

FACTORIES AND WORKSHOPS, ETC.

28 Inspections were carried out under the above; 10 of them being in respect of Bakehouses and 18 in respect of Factories and Workplaces. No contraventions were found.

RODENT CONTROL

This work was almost entirely carried out by the West Riding Agricultural Executive Committee who have contracts with your Council for Rat Destruction at the various Refuse Tips and Sewage Disposal Works.



